

216007280
82762

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 065	Agency Case No. B6-012871	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1						
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 02/14/2016		(In Military Time)		STATE USE ONLY 02/15/2016						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1758	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2229 J St; Private Drive		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE							
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION								
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING						
V1/M	20	37.00 X N curb of Randolph St										
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
F	1	VEHICLE NO. 1										
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE							
V1/N	1	DRIVER	PHONE		LOCAL NO.							
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)							
G	2	OWNER	PHONE		LOCAL NO.							
		Unknown										
		OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.						
H	5	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE				
V1/O	5	VEHICLE	2010	Toyota	TACOMA	Pickup truck	red	<input type="checkbox"/> TOALED \$ 250				
V2/O	1	VEHICLE ID NO. (VIN)	5TETX4CN3AZ746595		INSURANCE COMPANY		Unknown					
		TOWED TO	TOWED BY		POLICY NO.							
I	7	VEHICLE NO. 2										
		DRIVER LICENSE NO.	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE							
V1/P	8	DRIVER	PHONE		LOCAL NO.							
V2/P	8	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)							
		OWNER	PHONE		LOCAL NO.							
		JESSIE E BRAKE	402-466-0969		09/27/1954							
J	12	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.						
		7100 Garland St, Lincoln, NE 68505										
V1/Q	4	LICENSE PLATE TE NO.	SHC706	YEAR	2016	STATE (Of Plate)	NE					
V2/Q	4	VEHICLE	2010	Toyota	TACOMA	Pickup truck	red	<input type="checkbox"/> TOALED \$ 250				
		VEHICLE ID NO. (VIN)	5TETX4CN3AZ746595		INSURANCE COMPANY		State Farm					
K	10	TOWED TO	TOWED BY		POLICY NO.		0121198272					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME		ADDRESS									
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME		ADDRESS									
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME		ADDRESS									
	LOCAL NO.		MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B6-012871



Indicate
North
by Arrow



POI: 36' 11 N or N curb of Randolph St
265' W of W curb of S 23rd St

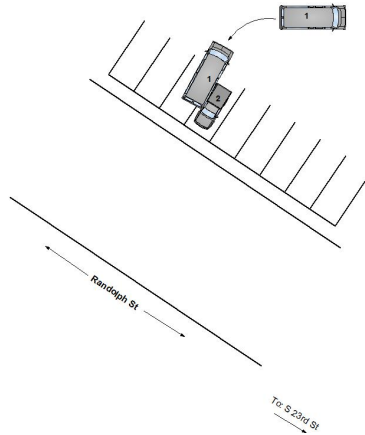
No Paint Transfer



= Witness

2229 J St

Not To Scale



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of veh #2 stated he parked his vehicle in the south parking lot(space #184) of Lincoln High School, 2229 J St, at approx. 1230hrs only to come out at approx. 1750hrs to find his vehicle was struck while legally parked.

Witness #1 stated at approx. 1440hrs she was in the south parking lot and observed a large white 15 passenger van, or similar, attempting to back into the stall next to veh #2, but heard a 'crunch' and turned to see veh #1 had struck veh #2. Witness stated driver #1 was aware he struck veh #2, she assumed he would have left his information for owner #2. Witness described driver #1 as an older unknown race male(no further description)

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME Krista M Stevens	ADDRESS 5100 Deer Creek Cir, Lincoln, NE 68516	PHONE 402-432-2096		
	NAME	ADDRESS	PHONE		
VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)		AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1
VEH NO.	N S E W ROAD OR HIGHWAY NAME				
1	X 2229 J St; Private			6	9
2	X 2229 J St; Private				
1	02 06 Turning left			1 Deployed - front	1 None used - vehicle occupant
2	10 08 Entering traffic lane			2 Deployed - side	2 Lap & shoulder belt used
	01 Essentially straight ahead			3 Deployed - both front/side	3 Shoulder belt only used
	02 Backing			4 Not deployed	4 Lap belt only used
	03 Changing lanes			5 Not applicable/ No airbag available	5 Child safety seat used
	04 Overtaking/ Passing			6 Unknown	6 Child booster seat used
	05 Turning right				7 DOT approved helmet used
	11 Slowing or stopped in traffic				8 Costume helmet used
	12 Other				9 Restraint use unknown
	13 Unknown				
OFFICER NO. 1586		TROOP/ TEAM/ BEAT NW		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Robert Martin		INVESTIGATOR SIGNATURE Approved by Robert Martin		Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				DATE OF REPORT 02/15/2016	